

Investigating the relationship between factors affecting workplace violence and nursing staff job satisfaction at Alexandria Fever Hospital (AFH)

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Abstract: Workplace violence is the largest observable facts involving the health care settings and presents as big challenges to hospital authority. Literature indicates that nurses are a major group of health care providers need to give desirable patients care. Moreover, the systematic prevention of workplace violence will be lead to increase job satisfaction, as well as the wellbeing of the patients. Thus the study intended to investigate the relationship between factors affecting workplace violence and nursing staff job satisfaction at Alexandria Fever Hospital (AFH). A research design was chosen for this study is a correlational descriptive. The study was carried out in all inpatients units (n = 16) at Alexandria fever hospital which is affiliated to the Ministry of Health, Egypt. The subjects consisted of an appropriate sample of one hundred and sixty-seven nurses who are working in the above-mentioned settings. Also, meet the inclusion criteria, and obtainable during data collection phase classify into head nurses (n=16) and nurses either professional or technical (n=161). Data gathering was used through a package composed of two developed questionnaires, namely; factors affecting workplace violence questionnaire and factor affecting job satisfaction questionnaire. Data were collected over a three-month period. After collection of data analysis was done using descriptive and inferential statistics. In this study, the result shows that nursing staff perceived a moderate positive significant correlation between overall factors of workplace violence and their job satisfaction factors except for nurses' relationship factor. Also, head nurses reflected a significantly highest perception of overall workplace and job satisfaction factors compared to those professional nurses and technical nurses. The significant relationship was observed between all factors of workplace violence and job satisfaction current and characteristics of socio-demographic in term of working unit. In conclusion, hospital administrators need to improve the working conditions by providing a supportive atmosphere in support of overall the nursing staffs, concerning them in the training and development program to increase their job satisfaction.

Key words: workplace violence, Job satisfaction, Nursing staff, Alexandria Fever Hospital

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I. Introduction

Workplace violence is undeniable that has become a multidimensional alarming incident worldwide and challenges to management. It is the concern with a wide-range of proportion along with significant effects both for those who offer and those who take health care. Furthermore, risks and assault of workplace violence have emerged as serious safety and health problems in today's health sectors affecting all people at all educational levels.¹ In today's healthcare environment, workplace violence is considered as one of the greatest multifaceted work-related hazards facing nurses who work in nursing sectors. Nursing is a high-risk occupation in comparison to others occupation. Health care providers have a risk of working with individuals who feel severe anxiety and decreased the ability to control their behaviors. Nurses who suffer from threats and actual violence are likely to report more depression, anxiety and less job satisfaction.^{2,3}

Violence can occur as the repeat in minor incidents together not as one single incident which lead to severe harm. In addition, it may cause physical, emotional damage and could result in constant disability and even death.⁽³⁾ The multiple causes had been identified to spread workplace violence quickly in the healthcare agencies. Among these causes is the struggle of changes, staff shortages, increased patient morbidities, exposure to violent individuals through emerging of job anxiety and stress. Also, the social unpredictability and

deterioration in personal interrelationships which have severe effect on their roles. Lack of workplace violence prevention program and protective policies and regulations will lead to high workplace violence against health care professionals.^{4,5}

Additionally, the violence in the workplace has become an issue of international concern. Violence is described as being destructive towards different individuals. The term "workplace violence" has been defined as an extensive variety of situation, began with acute physical damage to emotional stress, which can result in the misunderstanding and failure to perform effectively".⁶ According to the National Institute of Occupational Safety and Health (NIOSH) (2003), describe violence of workplace as "episodes wherever personnel are physical violence attacked in their job with different situations as well as direct and indirect challenge of their safety as well as health and wellbeing".⁷ Based on The World Health Organization (WHO) explanation for workplace violence, it is definition considered as generally undertake concept of workplace violence. Moreover WHO defines it as the deliberate utilize of physical and psychological energy or control, such as bodily and threats attacks, directly towards individuals at their job duty.⁸

It is obvious that violence occurs in all work environments, particularly health care sectors. Among the largest group of employees in healthcare sectors nurses are three times vulnerable experience to workplace violence than other professionals since the majority of nursing personnel is mostly female, consequently, gender dimension was evident for workplace violence.^{3,4} Furthermore, violence against nurses is a significant problem in the workplace. Therefore, nurses are a professional group at high risk for many reasons which are: in terms of demanding workloads, the inadequate staffing levels, the intervention demanding close physical contact, the emotionally changed environments and poor security.⁹

Although many nurses assume that workplace violence is accidental and unpredictable, there is a number of factors to contribute increasing risk of violence among nurses. These factors can be mentioned as the following: work environment, nurses /client/patient relationship, nurses' relationship, communication, security, training, and work practices.¹⁰ The first factor is work environment means the totality of the surrounding condition including the environmental designs, the physical factor and the type of services provided for the patient. Also, nurses/clients/patient relationship refers to a person under a physician's care for a particular disease or condition and the relationship between nursing staff and the patient. In relation to nurses-relationship is expressed as the relationship between nursing staff and the nursing staff physician. Communication factor means more than the exchange of information and ideas. It also involves the receiving and understanding of the intended message.^{9,10} Moreover, Security is described as the reduction of the impact of workplace violence and the introduction measures to reduce risk. The training means coordinating of skill methods to ensure that nurses should have updates of knowledge and skills, they have acquired to perform a specific purpose, tasks, and activities. Finally, work practices mean the ways of actual work done by people as described at manuals and job description.^{11,12}

Furthermore, the cost of violence at work occurs at different levels namely: individual, workplace and community level.¹³ First, on the individual level, everyone suffers from violence usually leads to reduce of self-confidence, self-esteem and decreased job satisfaction with a high rate of turnover. Second, on the workplace level, many dimensions are identified that can be the cause of violence. These dimensions can be direct to the interpersonal relationships and continuing interruption that reduces the efficiency and productivity. Besides, the loss in the workplace image with reduction of the patient's numbers. Third, on the community level, any lack of community support or shortage of resources to serve patients/clients can lead to overwhelming feelings to employees were employed their competences as victims are reduced by violence at work.^{13,14}

It is apparent that job satisfaction has great effects on the nurses among any organizations because of their levels in different healthcare settings.¹⁵ In recent years, most of the behavioral scientists were focus on importance of job satisfaction and its impact on effectiveness, efficiency, and productivity among the organization. Therefore, organizational effectiveness can be accomplished through met needs of the individuals and organizations. While achieving organizational efficiency by set the balance between goals of individuals and organization. Finally increasing job satisfaction has been connected to work environments positively, enhanced diversity of the civilization, with negative attitudes towards violence among workplace.¹⁶

There are lots of definitions for the job satisfaction that are adopted by some scientists. Firstly Brief et al (1998) was defined by job satisfaction as "a feeling of enjoyable emotional situation derived from the appraisal of one's job". It has an effective reaction to an individual's job and his/her attitude towards the job.¹⁷ In the same way, Weiss H (2002) defined job satisfaction as "attitudes that distinguish of cognitive evaluation objectives by taking into consideration its effect on the feeling and behaviors."¹⁸ According to Aziri (2011), he stated that job satisfaction describe different ways of person's desires and perception about their career and its activities.¹⁹

As a result of the study that nursing is one of the professions where satisfaction of its staff is essential for the welfare of its outcome, so it seems imperative to study the components that are included in job satisfaction. These components are the co-worker relation, job security, the supervision, the public relations, the

staff development, and the administration support.¹⁵ Firstly, the co-worker relationship is expressed as cooperation between co-workers for making the scheme successfully. Also they can use brain-storming between workers which are absolutely important to put the ideas together. As the workers should listen to others' opinions and don't insist on their own ideas. Secondly, job security is described as the feeling of individuals to be safe and protected in their settings. Thirdly supervision is referred to continuous planning, directing, training, and evaluating the nurses' activities. Fourthly public relation refers to the degree of success in achieving a favorable relationship with the public. Fifthly, staff development explained that the systematic and comprehensive planning of continuing professional growth activities that are take over certain time and achieving improvement objectives. Finally, administration support describes that the overall support of management and leadership activities among healthcare organization to ensure achieving the possible organizational outcomes.^{16,19}

Workplace violence factors have been explored in the sum of study research but little of them examine factors affecting of job satisfaction, accordingly these studies have focused on the violence and job satisfaction in the hospital care setting. Therefore, significance in factors affecting and methods of workplace violence has paid attention for only for qualified personnel in various healthcare settings.^{16,20,21} Nationally, there are lots of studies that have been conducted and were related to violence on hospital nurses and job satisfaction.¹⁰ Alkorashy H and Lashin O (2005) indicated in their Study the increased job dissatisfaction among nurses who experienced violence.⁽²²⁾ While Farouk H (2011) explored that health care's providers revealed that more than one-third of them who working in the main university hospital experienced workplace violence either physically or psychologically.²³

Finally, the present study aims to investigate the relationship of factors affecting workplace violence and job satisfaction among the nursing staff job satisfaction at Alexandria Fever Hospital (AFH). The association between workplace violence and job satisfaction has the greatest influence not only for the overall of individuals but also deciding the cost and efficiency for the organizations. There is a need to foster awareness of the dilemma among health care providers as well as the common community.^{20,21} This study designed to investigate the relationship between factors affecting workplace violence and nursing staff job satisfaction at Alexandria Fever Hospital (AFH). Research questions; is there is a correlational relationship between factors affecting workplace violence and nursing staff job satisfaction at Alexandria Fever Hospital (AFH)

II. Material And Methods

Study Design: A research design was a correlation descriptive used for this study

Study Location: This study was carried out at Alexandria fever hospital which is linked to the Ministry of Health. The number of hospital units in this study is incorporated amounted to=16 units with bed capacity range from 3 to 60 beds. They classified into outpatient clinic (n=1), emergency unit (n=1), intensive care unit (n=1), and general inpatient unit (n=11), kidney-dialysis unit (n=1), operating unit (n=1) with a wide range of healthcare facilities as x-ray, pharmacy, laboratory, dietary, maintenance and storage services.

Study Duration: Data were collected in a period of three months

Sample size: 167 nursing personnel.

Sample size calculation: The target population was all nursing personnel at the selected settings.

Subjects & selection method:

A non-probability convenience sample technique was utilized for this study. The target population for this study has consisted of 167 nursing staff from all educational qualifications and experience. They work in the selected settings and willing to participate in this study. They were all head nurses (n=16), who are accountable for supervising one patient unit for managerial activities, and all nurses (n=151) who are responsible for handling the direct and indirect activities in patients units. As regards, the inclusion criteria including the availability of the study subjects at the time of data collection and with a minimum of six- month experience in the current settings.

Inclusion criteria:

1. The availability of the study subjects at the time of data collection
2. with a minimum of six- month experience in the current settings.

Tools

Data collection for this study was gathering through two tools namely; factor affecting workplace violence and factor affecting job satisfaction

Tool one: Factors affecting workplace violence questionnaire. A structured questionnaire was developed based on reviewing related literature and studies to this field,^(1,4,11,20,21) to identify potential factors affecting workplace violence among nursing staff. The questionnaire was comprised 35 items and classified into

seven subscales, namely; work environment (n=6), Patient/client (n=5), co-worker relationship (n=5), communication (n=3), security (n=8), training (n=5) and work practices (n=3).The questionnaire statements were answered on a five-point Likert-scale anchored by the terms "never" (1) and "always" (5) and the total scores were calculated by averaging the scores of its sub subscales. For the current questionnaire Cronbach's Alpha coefficient was 0.80

Tool two: Factor affecting job satisfaction questionnaire. A structured questionnaire was developed based on reviewing related literature and studies to this field, ^(15,16,19,20) to assess the nursing staff job satisfaction with aspects of the workplace violence. The questionnaire is consists of 32 items, classified into six subscales; namely co-worker relationship (n=3), job security (n=6), supervision (n=5) , public relations (n=5), staff development (n=5), and administration support (n=8). Responses to each sub-item were measured on the 5-point Likert scale as follow "5"= satisfied and "1"= dissatisfied. The total scores were calculated by averaging the scores of its sub subscales. Reliability was measured for the current questionnaire Cronbach's Alpha coefficient was (0.89). In addition, socio-demographic characteristic of the nursing staff was added and developed by the researcher in term of working sit, age, level of education, marital status and years of experience

Procedure methodology

Official approvals were obtained from the hospital director. The researcher obtained lists of nurses' names currently working in the study settings, their job titles, and years of work experience. The list was reviewed and study subjects meeting the inclusion criteria for this study. The questionnaires were translated from English into Arabic to guarantee consistency in the participants' understanding of the tool's statements. The researcher translated both of the questionnaires using a back- translation technique. This technique supports the researcher in the identification, and correction of mistakes between the source and target language. It also helped the researchers in achieving theoretical equivalence.⁽²⁰⁾ Translated questionnaires were examined for its content validity by interested five experts in the area of study necessary modifications were done. The reliability of the questionnaires subscales was tested using the Cronbach's Alpha coefficient. Accordingly, a pilot study was conducted for (10%) of the study subjects in order to ensure the simplicity of the statements and time utilization for filling the questionnaires. Therefore, the restatement and rephrasing were done. For example, the word "nurses" were used instead of "people ", "nurses relationship" instead of "co-worker relationship". The questionnaires with a cover letter sent to the study subjects containing a confidentiality statement and identifying the research purpose of the study. The questionnaires were distributed to the nursing staff to be completed voluntary and the respondents would remain anonymous and returned not later than the following two days. Complete the questionnaires within 25-30 minutes

Statistical analysis

The data were coded, entered, verified and organized into numerical tables for analysis using a Statistical Package for the Social Science (SPSS 21.0). Cronbach's alpha coefficient was tested for internal consistency for both questionnaires. Descriptive measures, including arithmetic, mean and standard deviation of all subscales was carried out. Differences in the responses among participants were determined using t-test and ANOVA test. The correlation between the factors was calculated using Correlation coefficient test. In this study selected level of significance was using ($p < 0.05$).

III. Result

Table (1) shows the distribution of socio-demographic characteristic of the nursing staff. It was found that(46.7%) of nursing staff were working at general unit and nearly half of them (58.7%) were married with the age group ranging more than 40 years old (25.7%) holding secondary Diploma of nursing 52.1 % as well as they had experience ranging from 5 years to lea than 10 years (28.7).

Table (1): Frequency distribution of socio-demographic characteristics of nursing staff at Alexandria Fever Hospital (AFH)

Socio-demographic characteristics	Nursing staff (n=167)	
	No	%
Working unit		
General unit	78	46.7
Intensive care unit	19	11.4
Operating room	9	5.4
Emergency unit	16	9.6
Kidney dialysis unit	32	19.1
Outpatient unit	13	7.8
Marital status		
Single	54	32.3

Married	98	58.7
Divorced	8	4.8
Widow	7	4.2
Age group		
< 20 y.	8	4.8
20 > 25 y	25	15.0
25 > 30 y	30	18.0
30 > 35y	35	21.0
35 > 40 y	26	15.5
40 + y	43	25.7
Educational Qualification		
Secondary diploma nursing	87	52.1
Technical institute health	22	13.2
Bachelor of Nursing	58	34.7
Position		
H.N	16	9.6
Professional nurse	43	25.7
Technical nurses	108	64.7
Years of experience		
1 > 5 y	43	25.8
5 > 10 y	48	28.7
10 > 15 y	36	21.6
15 + y	40	23.9

Table (2) illustrates the nursing staff' perception of factors affecting workplace violence according to their position. This table indicated that there was a significant statistical relationship recognized between the factors affecting of workplace violence and nursing staff position in term of Nurse/client/ patient relationship and training factors (F value $2.76 p \leq 0.05$ and $4.34 p \leq 0.05$ respectively). The overall mean score of workplace violence factors for head nurses (3.21 ± 0.34) was considerably high significant than those for professional and technical nurses (2.98 ± 0.48) and (3.09 ± 0.46) respectively. Moreover, it was found that nurse/client/patient relationship factor document higher mean score significantly among head nurses (3.88 ± 0.36) as compared to (3.32 ± 0.74) & (3.60 ± 0.75) for professional nurses and technical nurses. While the training factor was documented significantly lowest mean score among head nurses as compared to professional nurses (2.84 ± 0.62 and 2.59 ± 1.59) respectively.

Table (2) Nursing staff' perception of factors affecting workplace violence according to their position

Factors affecting of workplace violence	Position			F- value	p
	H.N (n = 16)	Prof N (n=43)	Tech N (n = 108)		
	X±SD	X±SD	X±SD		
Work environment	3.12 ± 0.54	3.30 ± 0.75	3.07 ± 0.75	0.60	0.62
Nurse/ client/ pt relationship	3.88 ± 0.36	3.32 ± 0.74	3.60 ± 0.75	2.76*	0.04
Nurse-relationship	2.87 ± 0.36	2.87 ± 0.64	2.67 ± 0.53	2.08	0.11
Communication	3.08 ± 0.69	2.62 ± 0.75	2.72 ± 0.65	1.85	0.14
Security	3.50 ± 0.87	3.20 ± 0.90	3.51 ± 0.83	1.44	0.23
Training	2.84 ± 0.62	2.59 ± 1.59	3.10 ± 0.67	4.34*	0.01
Work practices	3.15 ± 0.69	3.18 ± 0.67	3.18 ± 0.78	0.18	0.91
Overall factors	3.21 ± 0.34	2.98 ± 0.48	3.09 ± 0.46	1.50	0.22

* $p \leq 0.05$ at 5% level denotes a significant difference .

** $p \leq 0.01$ at 1% level denotes a highly significant difference .

Table (3) presents nursing staff' perception of factor affecting job satisfaction according to their position. This table indicated that there was a significant statistically relationship recognized between factors affecting of job satisfaction and nursing staff position ($F = 2.90 p < 0.05$) also in term of Job security ($F = 3.00 p < 0.05$), Supervision ($F = 2.83 p < 0.05$) and public relations ($F = 5.68 p < 0.01$). The overall job satisfaction means score factors for head nurses (3.09 ± 0.56) was have a significantly more than those for professional and technical nurses (2.74 ± 0.70) and (2.99 ± 0.62) respectively. Moreover, it was found that Co-worker relationship factor was documented significant high mean score among professional nurses 3.55 ± 0.87 as compared to head nurses and technical nurses 3.46 ± 0.95 and 3.43 ± 0.94 correspondingly. While the least mean score was recorded for Staff development factor among head nurses 2.58 ± 0.91 as compared to professional nurses and technical nurses (2.27 ± 0.99 and 2.57 ± 0.76) respectively.

Table (3) Nursing staff' perception of factor affecting job satisfaction according to their position

Factors affecting of job satisfaction	Position			F- value	p
	H.N (n = 16)	Prof N (n=43)	Tech N (n = 108)		
	X±SD	X±SD	X±SD		
Co-worker relationship	3.46±0.95	3.55±0.87	3.43±0.94	0.39	0.76
Job security	3.25±0.72	2.83±0.91	3.13±0.83	3.00*	0.03
Supervision	3.49±0.67	3.00±0.97	3.32± 0.78	2.83*	0.04
Public relations	3.11±0.65	2.49±0.77	2.97± 0.71	5.68**	0.001
Staff development	2.58±0.91	2.27±0.99	2.57± 0.76	1.41	0.24
Administration support	2.61±0.65	2.35±0.90	2.52 ±0.68	0.76	0.52
Overall job satisfaction factors	3.09±0.56	2.74±0.70	2.99± 0.62	2.90*	0.05

* p ≤ 0.05 at 5% level denotes a significant difference .

** p ≤ 0.01 at 1% level denotes a highly significant difference .

Nursing staff' perception of factors affecting workplace violence as distributed by their socio-demographic characteristics as shown in the table (4). The table point out was significant statistically difference among nursing staff concerning mean score for factors affecting workplace violence and their socio-demographic characteristics related to communication, security, training, work practices and overall workplace violence factors with current working unit were (F=2.72 p < 0.05, F= 2.95 p < 0.05, F = 6.22 p < 0.01, F = 2.76 p < 0.05 and F = 4.18 p < 0.01) respectively. In addition training factor with years of experience (F =2.91 p<0.05). In the same way, it is apparent from this table that factor affecting workplace violence had high mean score as perceived by nursing staff who were married (3.1 ± .45) with age group ranged from thirty years old to less than thirty five (3.19 ± .44) and had 5 years and less than ten of experience (3.16 ± .42) and were working in Outpatient unit (3.42 ± 0.27). On the other hand factor affecting workplace violence had least mean score, as perceived by nursing staff who were single (3.1 ± 0.43) with age group, ranged from twenty-five years old to less than thirty (2.67 ± 0.46) and had ten years and less than fifteen of experience (3.05 ± 0.42) the minority of them (3.12 ± 0.35).

Table (4) Nursing staff' perception of factors affecting workplace violence as distributed by their socio-demographic characteristics

Socio-demographic characteristics	Factors affecting of workplace violence							
	Work environment	Nurse / client/ patient relationship	Nurse-relationship	Communication	Security	Training	Work practices	Overall
	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD
Current working unit								
General	3.08 ± 0.75	3.63 ± 0.70	2.74 ± 0.54	2.11 ± 0.61	3.42 ± 0.85	3.08 ±0.62	3.35 ±0.69	3.17 ± 0.43
ICU	2.88 ± 0.79	3.24 ± 0.99	2.47 ± 0.52	2.52 ± 0.78	3.42 ± 0.84	2.77 ±0.88	2.76 ±0.97	2.87 ± 0.62
O.R	3.45 ± 0.24	3.78 ± 0.47	2.54 ± 0.62	2.65 ± 0.30	3.69 ± 0.61	3.11 ±0.94	3.04 ±0.59	3.18 ± 0.31
ER	2.83 ± 0.86	3.63 ± 0.60	2.77 ± 0.60	2.62 ± 0.67	3.62 ± 0.72	3.00 ±0.82	2.92 ±.84	3.06 ± 0.48
Kidney dialysis	3.05 ± 0.55	3.37 ± 0.63	2.90 ± 0.62	2.49 ± 0.81	3.05 ± 0.99	2.37 ±0.99	3.12 ±0.71	2.91 ± 0.38
Outpatient	3.34 ± 0.85	3.74± 0.93	2.85 ± 0.38	3.11 ± 0.66	4.00 ± 0.40	3.56 ±0.32	3.31 ±0.49	3.42 ± 0.27
F – test	1.48	1.70	1.81	2.72*	2.95*	6.22**	2.76*	4.18**
P Value	0.20	0.14	0.11	0.02	0.01	0.00	0.02	0.001
Marital status								
Single	3.08 ± 0.71	3.55 ± 0.75	2.78 ± 0.47	2.83 ± 0.66	3.37 ± 0.89	2.91±0.77	3.18 ±0.76	3.1 ± 0.43
Married	3.04 ±0.77	3.57 ± 0.74	2.70 ± 0.60	2.67 ± 0.70	3.45 ± 0.84	2.93 ±0.79	3.14 ±0.69	3.1 ± 0.45
t – test	0.49	0.24	0.73	0.72	0.19	1.03	1.11	0.36
P- Value	0.07	0.87	0.54	0.54	0.90	0.38	0.35	0.79
Age group								
< 20 y.	2.86 ± 0.85	3.68 ± 0.32	2.78 ± 0.64	2.43 ± 0.37	3.84 ± 0.30	3.10 ±0.31	3.17 ±0.88	3.12 ± 0.21
20 > 25 y	3.21 ± 0.57	3.63 ± 0.69	2.78 ± 0.59	2.79 ± 0.81	3.14 ± 1.00	2.83 ±0.98	3.24± 0.78	3.09 ± 0.44
25 > 30 y	2.92 ± 0.73	3.53 ± 0.71	2.75 ± 0.61	2.65 ± 0.75	3.25 ± 0.81	2.76 ±0.86	3.11 ±0.85	2.67 ± 0.46
30 > 35 y	3.24 ± 0.54	3.68 ± 0.77	2.84 ± 0.48	2.88 ± 0.59	3.53 ± 0.76	2.96 ±0.75	3.22 ±0.66	3.19 ± 0.44
35>40	3.17 ± 0.57	3.70 ± 0.64	2.80 ± 0.32	2.72 ± 0.58	3.50 ± 0.68	2.84 ±0.80	3.38 ±0.55	3.16 ± 0.38

40 + y	2.91 ± 0.96	3.42 ±0.83	2.58 ± 0.66	2.70 ± 0.74	3.52 ± 0.99	3.15 ±0.79	3.02 ±0.81	3.04 ± 0.54
F – test	1.48	1.22	1.06	0.79	1.48	1.09	0.83	0.97
P- Value	0.20	0.30	0.39	0.56	0.20	0.37	0.53	0.44
Years of experience								
1 > 5 y	3.03 ± 0.68	3.47 ± 0.60	2.80 ± 0.47	2.77 ± .73	3.27 ± .92	2.79 ±0.87	3.28 ±0.58	3.06 ± 0.38
5 > 10 y	3.15 ± 0.61	3.70 ± 0.73	2.67 ± 0.54	2.85 ± .66	3.44 ± .67	3.15 ±0.74	3.19 ±0.80	3.16 ± 0.42
10 > 15 y	3.01 ± 0.69	3.43 ± 0.66	2.90 ± 0.48	2.70 ± .64	3.36 ± .81	2.71 ±0.79	3.27 ±0.70	3.05 ± 0.42
15 + y	3.06 ± 0.91	3.59 ± 0.90	2.62 ± 0.69	2.61 ± .70	3.63 ± .97	3.07 ±0.80	3.02 ±0.87	3.08 ± 0.58
F – test	0.28	1.14	2.11	0.90	1.37	2.91*	1.00	0.53
P- Value	0.84	0.34	0.10	0.44	0.25	0.04	0.39	0.66

* p ≤ 0.05 at 5% level denotes a significant difference
 ** p ≤ 0.01 at 1% level denotes a highly significant difference .

Table (5) shows that nursing staff perception of factors affecting job satisfaction as distributed by their socio-demographic characteristics. This table reflects that factor affecting job satisfaction had highest mean score as perceived by nursing staff who were married (2.96 ± 0.59) with age group less than twenty years old (3.12 ± 0.28) and had fifteen and more years experience (3.06 ± 0.68) also, they were working in Outpatient unit (3.50 ± 0.43). On the other hand factor affecting job satisfaction had least mean score ,as perceived by nursing staff who were single (2.89 ± 0.62) with age group, ranged from twenty five years old to less than thirty (2.80 ± 0.63) and had ten years and less than fifteen of experience (2.76 ± 0.69) were working in Intensive care unit (2.66± 0.57). It is notice that there was a significant statistically difference between mean score for all factors affecting job satisfaction and their socio demographic characteristic as related to Co-worker relationship, job security, supervision, staff development, administration support and overall job satisfaction factors with current working unit were (F=2.97p < 0.05, F = 3.30p < 0.01, F = 3.36 p< 0.01, F = 3.43 p < 0.01, F=2.83 p < 0.05, and F= 4.37 p < 0.01) respectively. In addition staff development factor with years of experience F = 4.492 p < 0.01.

Table (5) nursing staff perception of factors affecting job satisfaction distributed by their socio-demographic characteristics

Socio-demographic characteristics	Factors affecting of job satisfaction						
	Co-worker relationship	Job security	Supervision	Public relations	Staff development	Administrati on support	Overall
	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD
Current working unit							
General	3.44±0.91	3.14±0.82	3.33± 0.83	2.88±0.78	2.66± 0.81	2.57±0.69	3.00±0.58
ICU	2.97±0.92	2.95±0.69	3.02±0.88	2.59± 0.86	2.18± 0.66	2.26±0.54	2.66± 0.57
O.R	3.30±0.59	3.15±0.67	3.42 ±0.64	3.06± 0.45	2.50 ±0.69	2.55±0.43	2.99± 0.39
E.R	3.65±0.89	2.90±0.55	2.98±0.49	3.05± 0.71	2.25± 0.62	2.40±0.85	2.87± 0.54
Kidney dialysis	3.46±1.04	2.72±1.03	3.04±0.96	2.72± 0.76	2.18± 0.99	2.22±0.85	2.73± 0.74
Outpatient	4.16±0.30	3.76±0.78	3.96 ±0.31	3.17± 0.36	2.99± 0.89	3.00±0.77	3.50 ±0.43
F – test	2.97	3.30**	3.36**	1.54	3.43**	2.83*	4.37**
P Value	0.014	0.01	0.01	0.18	0.01	0.018	0.001
Marital status							
Single	3.39± 0.88	3.11± 0.83	3.20± 0.85	2.85± 0.73	2.38±0.94	2.36±0.68	2.89 ±0.62
Mamed	3.52 ±0.91	3.05± 0.87	3.30± 0.83	2.81± 0.71	2.55± 0.76	2.53±0.74	2.96± 0.59
t – test	0.29	0.13	0.29	1.78	0.54	1.20	0.26
P- Value	0.83	0.94	0.83	0.15	0.66	0.31	0.86
Age group							
<20 y.	3.83 ±0.62	3.44 ±0.50	3.40 ± 0.52	3.09 ± 0.50	2.35 ± 0.58	2.60 ± 0.40	3.12 ±0.28
20 > 25 y	3.44 ± 0.96	3.03 ± 1.03	3.03 ± 0.82	2.94 ± 0.56	2.23 ± 0.77	2.25 ± 0.69	2.83 ±0.62
25 > 30 y	3.31 ± 0.92	2.86 ± 0.83	3.12 ± 0.91	2.83 ± 0.87	2.45 ± 0.93	2.22 ± 0.73	2.80 ±0.63
30 > 35 y	3.44 ± 0.95	3.09 ± 0.84	3.41 ± 0.81	3.00 ± 0.87	2.49 ± 0.81	2.65 ± 0.72	3.02 ±0.63
35 > 40	3.38 ± 0.83	3.06 ± 0.82	3.39 ± 0.72	2.75 ± 0.69	2.42 ± 0.73	2.49 ± 0.61	2.92 ±0.58
40 + y	3.56 ± 0.97	3.13 ± 0.84	3.25 ± 0.90	2.74 ± 0.73	2.75 ± 0.93	2.65 ± 0.85	3.01 ±0.66
F – test	0.56	0.731	0.96	0.78	1.43	2.17	0.87
P- Value	0.73	0.601	0.44	0.57	0.22	0.06	0.50
Years of experience							
1 > 5 y	3.58 ± 0.87	3.06 ± 0.88	3.14 ± 0.79	2.80 ± 0.63	2.28 ± 0.88	2.36 ± 0.73	2.87 ± 0.58
5 > 10 y	3.46 ± 0.79	3.19 ± 0.76	3.45 ± 0.75	2.98 ± 0.82	2.58 ± 0.68	2.49 ± 0.68	3.02 ± 0.51
10 > 15 y	3.32 ± 1.04	2.80 ± 0.84	3.19 ± 0.87	2.64 ± 0.80	2.24 ± 0.79	2.35 ± 0.78	2.76 ± 0.69
15 + y	3.46 ± 0.97	3.15 ± 0.89	3.22 ± 0.91	2.99 ± 0.73	2.82 ± 0.90	2.71 ± 0.74	3.06 ± 0.68
F – test	0.52	1.63	1.16	1.98	4.49**	2.25	2.10
P- Value	0.67	0.18	0.33	0.12	0.01	0.09	0.10

* p ≤ 0.05 at 5% level denotes a significant difference
 ** p ≤ 0.01 at 1% level denotes a highly significant difference

Tables (6) represent the correlation coefficient values for the relationship between mean scores of factors affecting workplace violence and job satisfaction pertaining to the nursing staff. Generally, the table indicates that nursing staff perception for overall factors of workplace violence was representing positive correlation with overall factors affecting job satisfaction except for nurses relationship factor with other factors ($r = 0.68$ $p < 0.01$). From this table, it was noticed that all factors affecting workplace and job satisfaction ranged between moderate and weak correlation.

Table (6): Correlation coefficient values for the relationship between mean scores of factors affecting workplace violence and job satisfaction pertaining to the nursing staff

Factors affecting workplace violence	r	Factors affecting job satisfaction						Overall factors
		Co-worker relationship	Job security	Supervision	Public relations	Staff development	Administration support	
Work environment	r	0.16	0.36**	0.40**	0.35**	0.19*	0.26**	0.38**
	p	0.03	0.00	0.00	0.00	0.01	0.00	0.00
Nurse / client/ patient relationship	r	0.23**	0.28**	0.45**	0.38**	0.13	0.14	0.36**
	p	0.00	0.00	0.00	0.00	0.09	0.07	0.00
Nurse-relationship	r	0.13	0.08	0.03	0.10	0.09	0.09	0.08
	p	0.11	0.33	0.75	0.19	0.23	0.24	0.31
Communication	r	0.14	0.36**	0.41**	0.31**	0.14	0.27**	0.36
	p	0.07	0.00	0.00	0.00	0.08	0.00	0.00
Security	r	0.43**	0.65**	0.50**	0.45**	0.42**	0.61**	0.68**
	p	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training	r	0.26**	0.51**	0.55**	0.48**	0.46**	0.51**	0.61
	p	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Work practices	r	0.21**	0.25**	0.26**	0.27**	0.31**	0.32	0.36**
	p	0.01	0.00	0.00	0.00	0.00	0.00	0.00
Overall workplace violence factors	r	0.37**	0.58**	0.62**	0.56**	0.42**	0.53**	0.68**
	p	0.00	0.00	0.00	0.00	0.00	0.00	0.00

IV. Discussion

The extent of the magnitude of workplace violence problems was reflecting excessive diverse of nursing literature nationally and internationally reflecting and searching for describing, explaining, as well as the correcting concept of workplace violence in healthcare environment.^{8,19} Generally, the present study provides complete information about the relationship between factors affecting workplace violence and job satisfaction among nursing staff at Alexandria Fever hospital – Egypt. One hundred and sixty-seven respondents participated in the study.

Generally, the current study results provide strong support for the presence of positive significant correlation between the mean score of factors affecting workplace violence and job satisfaction among nursing staff except for nurses' relationship factor. This was apparent that factors affecting workplace violence have an influencing the amount of nursing staff job satisfaction that they experienced at their work. This finding in accordance with the work undertaking by U.S. Bureau of Labor Statistics (2006) reported that nearly one-fifth of study subjects who participate in the workplace violence survey indicate that they were often suffering from incidents of violence as well as they feel satisfaction in their work.²⁴ On the other hands, this finding contradicts with the study conducted by Jo' nsson S (2012) found that degree of violence in the work was correlated in the negative significant way with Swedish nurses job satisfaction²⁵.

In general, in this study the data obtained through factors affecting workplace violence analysis. It was observed that there is no statistical relationship variation was found between overall mean scores of the nursing staff perceptions toward factors affecting workplace violence and their position. Head nurses tended to have significantly higher mean scores of factors affecting workplace violence perception than those professional and technical nurses. This finding can be due to head nurse in her unit is responsible for continuing supervision process and productivity relating to the work atmosphere and sometimes she failed to deal with increasing stress and anxiety levels.^{3,4} Similar results were reported by Cooper (2003) found that 70 percent of respondents reported that either a manager or supervisor activate workplace harassment and bullying.²⁶ This finding contrasts the results of Arnetz and Söderman (1998), they indicated that technical nurses encounter the highest experience of incidents violence risk as along of their profession pattern.²⁷

With some specification, the present study also indicated that head nurses had the higher level of nurse/client/ patient relationship than professional and technical nurses. This result may reflect that the head nurse's responsibility to monitor effectiveness for the protection of the patient from unsafe and ineffective nursing practice.²³ The explanation of this finding goes relatively with the study of Alexander et.al (2004) they

identified that health care providers are the front-line dealers confronting all internal and external stresses in the workplace due to exposure significantly direct communication with dealings with clients and their families²⁸.

Regarding the relationship between the study participants' demographic characteristics and their perception of factors affecting workplace violence, the study results show that there was a statistically significant difference along with study subjects regarding their awareness for overall factors affecting workplace violence specifically current working unit with communication, security, training, and work practices factors. This result could be explained on the light of the nature of the work within different nursing units including dealing immediately with unstable people who under have effects of drugs or alcohol or certain psychotic diagnosis required the effective communication skills, adequate security measure, and the nurses should be using a valuable and professional manner for predictable alarm signs and symptoms when connecting with violates patients and visitors as well as they have an effort to reduce all situations of violence in healthcare settings. This result consistent with Harrison and Hart (2006), and Northouse (2004) they found that nursing personnel has successful skills dealings with their patients by asking those questions, listing to their opinions and conclusion of all ideas during therapeutics communication.^{29,30}

Moreover, Berry (2007) stated that nurses exercise different skills to support continuity quality of patient care on a daily basis such as methods of data collection for patients' information, promote communication, creativity skills and support connection with other health systems.³¹ Also National Institute of Occupational Safety and Health (NIOSH) (2003) they indicated that inability of understanding and supervising of aggressive behaviors affected care provider due to lack of training in the hospital.⁷ In the same line with the previous result, it was identified that. There was a statistical significant relationship between the nursing staff years of experience and training factor. This finding might be related to the fact that the year of experience plays a very important role in dealing with different personality and violence situation. This result is supported by Nolan (2001) mentioned that individual factors such as persons have less job experience and being younger among risk factors of violence in the healthcare environment.³²

In this respect, it has been found that there was a statistically significant relationship documented among nursing staff perception of factors affecting job satisfaction and their position. It reflects that head nurses had to some extent the high average result of the total factors affecting job satisfaction as compared to those professional and technical nurses with statistically significant differences. These findings can be explained that head nurses had higher education level and they have the center responsibility in their unit. In this context, Howard (1996) stated that job satisfaction was greatly articulated among educated supervisor more than uneducated supervisor mutually in government and private health sectors.³³

Additionally, the current finding revealed that a significant difference was found between the Co-worker relationship factor of job satisfaction and nursing staff position. It was perceived as a higher mean score among professional nurses. This result may be explained in terms of good work relationships have a positive impact on morale, productivity and increase nurses' satisfaction. A similar result was reported by Morrison (2004) who indicated that increased level of violent incidences in the workplace environment and job satisfaction has been realized negatively significant directly has an effect on nursing personnel's turnover.⁽³⁴⁾

In addition, the study points out that, there was a statistical association relationship variance between nursing staff mean score of all factors affecting job satisfaction and their socio-demographic characteristic in term of co-worker relationship, job security, supervision, staff development, administration support and overall job satisfaction factors with the current working unit. This result may be explained in terms of matching with the literature and support the assumption that can be used as a motivational factor to increase job satisfaction. Also seeking energetic leader for different nursing units requires developing expertise in medical, surgical, emergency and operative units depend on dynamic staff and supportive leadership.^{11,12} This findings supported by Hardwick (2009) who found that satisfaction with staff development is a major factor in decisions regarding people's careers.³⁵ Similarly with the preceding result, it was identified that significant difference between years of experience of nursing staff and staff development. Specifically, the current finding can be justified due to effective staff development is usually brought through efforts of experts whose experience improve the working condition that supports staff development. This result is consistent with Bakotic et.al (2013)who stated that in order to take personal and professional development to higher level, nurses should take pathway for advancement in clinical excellence and offers opportunities for career advancement and personal growth this only can be achieved by demonstrating experience in both knowledge and skill.³⁶

V. Conclusion

The conclusion of this study found on that evidently a moderate positive significant correlation between factors affecting workplace violence and job satisfaction as perceived by the nursing staff except for nurses' relationship. Nurse/ client/ pt relationship and supervision factors reflected significantly highest perceived factors affecting workplace violence and job satisfaction among head nurses compared to those professional nurses and technical nurses. Ultimately, significant relationship was observed between working

unit and overall factors affecting workplace violence and job satisfaction. In this study the significant results were found, the recommended point is able to develop and implement policies and practices of prevention workplace violence throughout all health care settings. This can be achieved through ensuring a safe and healthy working environment for nursing staff that directly have a positive effect on the health care organization as well as improving job performance and job satisfaction

Conflicts of interest Disclosure

The author declares that there is no conflict of interest.

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